## ANTICIPATED SOURCES OF FUNDING

**AMOUNT** 

SOURCES

OTHER AWARD - FED, STATE OR PRIVATE AGENCY (SPECIFY)

DHMH AWARD DHMH SUPPLEMENT

LOCAL GOV'T

DHMH432H (Rev. Feb.1997)

**FEES** 

DHMH CLIENT FEE COLLECTIONS	
OTHER CLIENT FEE COLLECTIONS	
MEDICAID PAYMENTS	
MEDICARE PAYMENTS	
INSURANCE/PRIVATE	
SSI	
OTHER - IDENTIFY	
FUNDRAISING/DONATIONS	
UNITED CHARITIES	
INTEREST	
Total Funding (Must Equal Total Costs in Total Program Budget on	
Budget Face Sheet	
IN-KIND CONTRIBUTIONS (IDENTIFY)	VALUE